

50
28-7 =

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/583706 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3	1		0			
4	1		0			
5	1		0			
6	1		0			
7	1		0			
8	7		1			
9	7		1			
10	7		1			
11	7		1			
12	7		1			
13	7		1			
14	7		0			
15	7		1			
16	7		1			
17	7		1			
18	7		1			
19	7		1			
20	7		1			
21	7		1			
22	7		1			
23	7		1			
24	7		1			
25	7		1			
26	7		1			
27	7		1			
28	7		0			
29	7		0			
30	7		1			
31	7		1			
32	7		1			
33	7		1			
34	7		1			
35	7		1			
36	1	7	1			
37	1		1			
38	1		1			
39	1		1			
40	1		1			
41	1		1			
42	1		1			
43	1		1			
44	1		1			
45	1		1			
46	1		1			
47	1		1			
48	1		1			
49	1		1			
50	1		1			
TOTAL IND.					5	
TOTAL DEP.					246	
TOTAL CLAIMS					251	

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1		1		1	
52	1		1		1	
53	1		1		1	
54	1		1		1	
55	1		1		1	
56	1		1		1	
57	1		1		1	
58	1		1		1	
59	1		1		1	
60	1		1		1	
61	1		1		1	
62	1		1		1	
63	1		1		1	
64	1		1		1	
65	1		1		1	
66	1		1		1	
67	1		1		1	
68	1		1		1	
69	1		1		1	
70	1		1		1	
71	1		1		1	
72	1		1		1	
73	1		1		1	
74	1		1		1	
75	1		1		1	
76	1		1		1	
77	1		1		1	
78	1		1		1	
79	1		1		1	
80	1		1		1	
81	1		1		1	
82	1		1		1	
83	1		1		1	
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	5				5	
TOTAL DEP.	246				73	
TOTAL CLAIMS	251				83	